

Joint Committee on Corrections

December 20, 2013

Information for Legislative Institutional Visits

Facility Name: Southeast Correctional Center			
Custody Level	C-5	Warden	Ian Wallace
Total Acreage	120	Address	300 E. Pedro Simmons Dr.
Acreage w/in Perimeter	45		Charleston, MO 63834
Square Footage	391880	Telephone:	(573) 683-4409
Year Opened	2001	Fax:	(573) 683-7534
Operational Capacity/Count (as of December 20, 2013)	1656/1626		
General Population Beds (capacity and count as of December 20, 2013)	1464/1458	Deputy Warden	OPERATIONS (VACANT)
Segregation Beds (capacity and count as of December 20, 2013)	261	Deputy Warden	Omer Clark Offender Management
Treatment Beds (capacity and count as of December 20, 2013)	72/72	Asst. Warden	Bill Stange
Work Cadre Beds (capacity and count as of December 20, 2013)	192/167	Asst. Warden	N/A
Diagnostic Beds (capacity and count as of December 20, 2013)	72 ITC Program	Major	Richard Adams
Protective Custody Beds (capacity and count as of December 20, 2013)	72/69		

1. Capital Improvement Needs:

- How would you rate the overall condition of the physical plant of the institution? Very good
- What capital improvement projects do you foresee at this facility over the next six years?
We are converting a storage building into a classroom for HU 7 offenders in order to maximize our efforts for the Re-Entry Program.
- How critical do you believe those projects are to the long-term sustainability of this facility?
Very critical. This will enhance our abilities to improve our offenders abilities to enter back into today's society mainstream upon their release.

2. Staffing:

- Do you have any critical staff shortages? NO
- What is your average vacancy rate for all staff and for custody staff only? All=18% and Custody ONLY=15%
- Does staff accrual or usage of comp-time by staff effect your management of the institution?
NO
- What is the process for assigning overtime to staff? This process is in line with the MOCOIA agreement. Volunteers are assigned initially. If staff do not volunteer or more staff needed, the mandatory overtime list is utilized.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? Approximately 60% are paid off, 40% use time.
- f. Is staff able to utilize accrued comp-time when they choose? Yes, depending on critical staffing needs, every effort is made to allow time off.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?
32 2%
- b. How many (and %) of inmate students earn their GED each year in this institution?
32 2%
- c. What are some of the problems faced by offenders who enroll in education programs?
This is a volunteer led GED program at SECC with only (1) volunteer currently conducting the classes. Some applicants lack basic reading and writing skills, and a growing number of Hispanic students are having trouble understanding English. Presently there is no place or funding available to implement a program for basic literacy and teaching English as a second language.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? SECC currently has a 12 week Substance Abuse program and an ongoing Alcoholics Anonymous Program. It also has the Intensive Therapeutic Community Program, which started in June 2013. Mental Health offers a Relapse Prevention group and a Unit on Relapse Prevention through our Taking a Chance on Change Program for offender's in Segregation. Relapse Prevention is a group that helps offender identify and avoid high risk situations that could lead to relapse. It discusses how to apply these skills to substance abuse concerns.
- b. How many beds are allocated to those programs? No beds are allocated for the Substance Abuse or Alcoholic Anonymous program. Seventy-two beds are currently allocated for the Intensive Therapeutic Community program.
- c. How many offenders do those programs serve each year? 172
- d. What percent of offenders successfully complete those programs? 70%
- e. What, in you opinion, is the biggest challenge to running a treatment program in a prison setting? The biggest challenge is obtaining additional qualified instructors/facilitatores; getting updated materials and funding for additional materials; and improving the number of participants.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? N/A
- b. How many offenders (and %) participate in these programs each year? N/A
- c. Do the programs lead to the award of a certificate? N/A
- d. Do you offer any training related to computer skills? N/A

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

The MVE wood furniture factory at SECC produces 2 lines of high quality college dormitory furniture. These lines of furniture includes, but are not limited to: beds, chairs, dressers, desks, wardrobes, night stands, kitchen and bathroom cabinets, pantries, shelving, athletic taping stations and cedar chests and other misc, furniture manufacture and repair.

- b. How many (and %) of offenders work for MVE at this site?

At peak production levels the factory is authorized to employ 115 offenders. Currently the factory employs 75 offenders, which translates to about 5 % of the level 5 population at SECC.

c. Who are the customers for those products?

Our customer base consists of tax supported agencies, non-profit organizations and state employees.

d. What skills are the offenders gaining to help them when released back to the community?

The offender work force at this MVE factory is trained in the basics of obtaining and holding a job, scheduling, teamwork, communication, personal grooming, professional behavior, personal accountability, etc. Some specific skills that can be acquired in this MVE location include but are not limited to the following:

- Machine set-up and operation
- Furniture making, cabinetry, assembly
- Furniture finishing, spray coating
- industrial maintenance, janitorial
- tool repair
- shipping and receiving, accounting, storekeeping
- office machine operations
- drafting and furniture design
- CNC router operation, maintenance and repair
- CNC panel saw; operation, maintenance and repair
- Offender workers at this factory are enrolled in courses of study including; “Workplace Essential Skills” and “Computer Literacy” in which the offenders can earn a certificate.
- other computer skills that include basic typing, Windows, Word, and Excel

7. **Medical Health Services:**

a. Is the facility accredited by the National Commission on Correctional Health Care? Yes

b. How many offenders are seen in chronic care clinics? Approx. 1200

c. What are some examples of common medical conditions seen in the medical unit? The medical unit handles a wide variety of illnesses, both acute and chronic. The most common acute illnesses include chest pain, lacerations, and orthopedic issues. The most common chronic illnesses are high blood pressure, cardiovascular disease, and diabetes.

d. What are you doing to provide health education to offenders? Education relating to the offender's current complaint is provided during all medical encounters and upon offender request. Additionally, an offender health fair is held annually.

e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? No active cases.

f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. Yes. The prison population is an aging population. Most correctional centers are not designed with the elderly offender in mind. While a certain number of handicapped cells are available statewide, there aren't enough to accommodate the handicapped and the elderly. Many infirmary beds statewide are filled with elderly patients who cannot function in the general population. The need for these skilled nursing beds has drastically reduced the number of beds available for acutely ill patients. Housing of the elderly offender is not the only concern. These offenders have a variety of personal and healthcare needs that are very difficult to meet in this environment. Chronological age is an important consideration in this environment; however, knowing that most offenders' “physical age” is 10-15 years older than their chronological age, greatly increases the number of people who fall into this aging population. As the population continues to age, the need for a skilled nursing center/long term care center within a correctional center becomes more evident. The recent opening of our Extended Care Unit has provided some relief to this population; however, there is a greater need than these unit can meet at this time.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?

Offenders have several options in regards to obtaining mental health treatment services. The most commonly used methods to obtain services include:

- Health Services Request-HSR (all offenders)
- Chronic Care Clinic (MH3/MH4; no request necessary)
- Staff Referrals and/or Crisis Intervention (all offenders)
- Segregation Rounds/Segregation Assessments (Rounds provided for all segregated offenders weekly; Assessments for all offenders in segregation at 30 days in segregation and every 90 days thereafter. Mental Health automatically schedules the appointment, no request necessary.)

All offenders have access to Health Service Request (HSR) forms on a daily basis. If an offender is seeking mental health treatment (individual or group format), they complete an MSR stating their concern. HSR's are triaged daily by a nurse and the individual is automatically scheduled with the appropriate professional based on their individualized need.

If an offender has a current mental health diagnosis, they are enrolled in Chronic Care Clinic. All offenders are assigned a mental health score based on their level of mental health treatment needs. A rating of MH3 or above indicates that a person has a current mental health diagnosis and may additionally be on medication. Chronic Care Clinic consists of all offenders with a rating of MH3 or above. When someone is in Chronic Care Clinic, they are scheduled every month with a Qualified Mental Health Professional for follow up. They are additionally seen by a psychiatrist a minimum of every ninety (90) days. In addition, they are seen more frequently when involved in a transfer and/or discharge or if having more significant concerns. Offenders in Chronic Care Clinic are automatically scheduled for these appointments by mental health. If they need services in addition to the Chronic Care Clinic, they submit the MSR form as well.

Offenders with more acute symptoms requiring immediate attention, have the option of informing a staff member of their crisis situation and being seen for a crisis intervention session immediately.

Additionally, a staff member noticing symptoms in an offender has access to a referral form and commonly refers offenders that they believe may need some mental health assistance. Depending on the nature of the staff referral, some individuals are seen immediately and others can be scheduled within the next few days.

Staff members are trained annually on Suicide Intervention/Prevention during their core training. In this training, staff members are taught what symptoms to look for to identify offenders with possible mental health needs including common indicators that a person may be considering suicide. Any staff member can place an offender on suicide precaution status if concerned that the offender may be suicidal. Mental Health provides 24 hour on call coverage to meet the needs of the institution 7 days per week.

All offenders in segregation are monitored more closely by mental health due to the isolation aspect of segregation. Mental health rounds are conducted on a weekly basis and all offenders in segregation are given the opportunity to talk with a mental health professional during this time. All offenders in segregation are assessed by mental health at 30 days in segregation and then every 90 days thereafter. Mental Health Staff automatically schedule these appointments for the offender, no request is necessary.

In conclusion, every effort is made in mental health to preserve the continuity of care for all offenders by providing for the easiest access to services possible. Whether it is through involvement in Chronic Care Clinic, counseling services, staff referrals, crisis intervention, segregation assessments, and/or mental health groups, all mental health services are readily available for offenders. Most can be easily accessed through the use of a readily available MSR form.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

No suicides occurred at SECC within the past year. Suicide prevention is a primary focus at SECC. Following any serious suicide attempt, a debriefing meeting is held to review the incident and make any necessary improvements as a result of the incident. All staff are educated on suicide prevention and intervention. Mental health staff facilitate a 3.5-4 hour training to all custody and non-custody staff during their core training week. Medical staff are provided this education during a specified monthly staff meeting set aside to provide education on suicide prevention. All staff have been provided a pocket card that lists signs/symptoms of a potentially suicidal person. The card is carried by the staff member so that it can be referred to when needed. In addition, mental health staff are continually attending trainings and reading literature on suicide prevention and working to improve overall suicide prevention within the institution. Any offender making statements of self harm or demonstrating suicidal predictors, are placed on suicide precautions where they can be monitored more closely. Any staff member can place an offender on suicide precautions. Mental health is always involved in this process. A Qualified Mental Health Professional assesses the person within two hours during normal business hours. After hours, Mental Health staff are notified and the offender is assessed the next business day. When someone is on suicide precautions, they are placed in a cell with minimal fixtures or protrusions. In HU1 we have cameras mounted in the cell to provide 24 hour observation of the offender. Additionally, custody staff members provide visual observation checks on these offenders at least every 15 minutes. Every effort is made to only provide the offender with items that can not be used to harm self until modifications are made by a qualified mental health professional. An offender can only be released from precautions by a psychiatrist, psychologist, and/or the chief of mental health services.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?

Approximately 194 (12.08%)

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

On average, approximately 212 offenders at Southeast Correctional Center have a mental health diagnosis (MH3 or above). Of these, approximately 12 offenders are classified MH4 indicating that they have a chronic or severe mental illness. The majority, 196 offenders, are classified as MH3 indicating moderate mental health needs. The MH4 offenders are provided with an intensive treatment regimen that includes regular follow up monitoring averaging contact with a mental health professional a minimum of every two weeks. This contact is made through the various program components (ie- Chronic Care Clinic, groups, psychiatric appointments, follow up appointments, etc.).

There are specialty units available for offenders with special needs: Special Needs Unit, Social Rehabilitation Unit, Secure Social Rehabilitation Unit, Enhanced Care Unit, and Correctional Treatment Unit. If an offender fits the criteria for any of these units, a referral is made to get the person into the specific unit. If an offender is seriously mentally ill and requires more intensive crisis services then available on site (MH5), he is sent for further treatment at the Biggs Correctional Unit until stabilized.

All offenders have access to mental health services via HSR if additional services are needed. Pre-release planning is provided for continuation of care. MH4 Offenders who are paroling have the opportunity to be a part of the MH4 project which provides funding for community mental health services following release. The Mental Health staff schedule to appointment in the community prior to release so that the person will have comprehensive follow-up by the community once released.

As previously mentioned, all offenders MH3 and above are seen a minimum of monthly during Chronic Care Clinic and a minimum of every 90 days by the psychiatrist. Services are also provided per MSR form, when in segregation, and on a crisis and/or referral as needed. All Mental Health Clients have a Treatment Plan that is used to clarify their needs and goals. The treatment plan guides what services are

needed. This plan is revised as the offenders goals are met or needs change. Thus, the services change as needs change.

In addition, Mental Health offers groups on a weekly basis. Most groups are available to everyone with the exception of a few groups that target a specific population. The following groups are available at this time with a wait list:

- Charting a New Course
- Adjustment to Incarceration
- Anger Management – (Low functioning, Average functioning, High functioning)
- Chronic Suicidal Thoughts/Suicidal Behaviors
- Dealing with Feelings
- Depression
- Grief and Loss
- Responsible Parenting
- Sleep Hygiene
- Medication Management
- Cognitive Behavior Therapy
- Trauma
- Thinking Errors
- Understanding Mental Health with Symptom Management
- Aftercare Transition Group (Life After Release)
- Stress Management
- Activities for challenged offenders
- Personal Hygiene for low functioning offenders
- Relapse Prevention
- Effective Communication
- Decision Making
- Self Esteem for challenged offenders
- Anxiety Management

Southeast Correctional Center Mental Health Department is allotted 24 hours of Psychiatric coverage per week. We are allotted two full-time licensed Qualified Mental Health Professionals, one full-time Psychologist, one full-time Psychiatric RN; one full-time Clerk, and one full-time Institutional Chief of Mental Health Services. The Mental Health Departments works very hard to exceed community standards and provide the best care possible.

9. What is your greatest challenge in managing this institution?

Staffing Corrections Officer I's and Correction Officer II's. The hiring pool in Southeast Missouri is very limited and at present we utilize the One Stop process for obtaining applicants.

10. What is your greatest asset to assist you in managing this institution?

My Administrative Staff and support of my Division Director and Central Office. My staff, especially my administrative staff, assist me and the institution greatly.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

License #	Vehicle	Mileage	Assigned To	Condition
13-0298	2007 Dodge Grand Caravan	97,398	Pool	Fair
13-0377	2008 Chevy Uplander	86,935	Pool	Fair
13-0414	2010 Ford Econoline	31,162	Pool	Fair
*13-0423	2007 Ford Crown Vic	161,126	Pool	Poor
13-0831	2008 Chevy Uplander	103,957	Pool	Fair
13-0833	2008 Chevy Uplander	70,856	Pool	Fair
*13-0836	2007 Ford Crown Vic	163,911	Pool	Poor
*13-0839	2007 Ford Crown Vic	156,125	Pool	Poor
13-0843	2001 Dodge Ram 2500	70,935	Maintenance	Fair
13-0844	2001 Dodge Ram 2500	81,038	Maintenance	Fair
13-0845	2001 Dodge Ram 2500	57,646	Maintenance	Fair
13-0847	2001 Ford F750	39,059	Maintenance	Fair
13-0848	2001 Ford F150	126,670	Maintenance	Fair
13-0850	2001 Ford F350	45,882	Maintenance	Fair
13-0853	2008 Ford Econoline Van	113,509	Pool	Fair
*13-0854	2007 Ford Econoline Van	161,063	Pool	Poor
13-0855	2008 Ford Econoline Van	46,697	Pool	Fair
**13-0856	2006 Ford Econoline Van	186,167	Pool	Very Poor
13-0857	2008 Ford Econoline Van	112,959	Pool	Fair
13-0858	2008 Ford Econoline Van	113,948	Pool	Fair
*13-0902	2008 Chevy Uplander	173,391	Pool	Poor
*32-0265	2008 Chevy Uplander	183,784	Pool	Poor
32-0268	2008 Chevy Uplander	146,702	Pool	Fair
32-0270	2008 Chevy Uplander	142,796	Pool	Fair
32-0272	2008 Chevy Uplander	129,528	Pool	Fair
32-0286	2008 Chevy Uplander	150,947	Pool	Fair
32-0294	2008 Chevy Impala	121,407	Pool	Fair
32-0235	2008 Chevy Impala	108,413	Pool	Fair

*Denotes vehicles that are in poor condition and/or have high mileage.

**Denotes vehicles that are in very poor condition and/or have high mileage.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation.

The morale of Custody staff at SECC is medium to high. I receive minimum grievances or IRR's from custody staff complaining about their work place. I contribute a lot of this to stopping the rotations of our Captains and Lieutenants and placing them in positions on particular shifts that we as an executive team feel they have the best skills, communication and abilities to supervise that particular group of custody staff. No rotations locks the Captains and Lieutenants to own the good and bad of their shift or area assigned to, instead of passing issues on to the next rotating in group of supervisors. This increases communication amongst all staff up and down the chain of command because supervisors are not continuing to change.

13. Caseworkers:

A. How many caseworkers are assigned to this institution? 19 Case Managers

- B. Do you currently have any caseworker vacancies? No
- C. Do the caseworkers accumulate comp-time? No
- D. Do the caseworkers at this institution work alternative schedules? No
- E. How do inmates gain access to meet with caseworkers? Open office hours are available for general population offenders 8:30am-10:30am and 1:30pm-3:30pm daily. Administrative Segregation case managers meet with offenders daily through wing walks, call-outs and written requests by offenders.
- E. Average caseload size per caseworker? 144
 - # of disciplinary hearings per month? 25
 - # of IRR's and grievances per month? 10
 - # of transfers written per month? 3
 - # of re-classification analysis (RCA's) per month? 9
- F. Are there any services that you believe caseworkers should be providing, but are not providing? No
- G. If so, what are the barriers that prevent caseworkers from delivering these services? N/A
- H. What type of inmate programs/classes are the caseworkers at this institution involved in? Pathways to Change, Anger Management, Puppies for Parole, Offenders Offering Alternatives, Impact of Crime on Victims Class, Restorative Justice, Inside Out Dads
- I. What other duties are assigned to caseworkers at this institution? Case managers complete Transitional Accountability Plans on each offender assigned to their caseload. They process visiting applications, assist offenders in obtaining birth certificates/social security cards and official Department of Revenue identification cards in order to assist the offender upon his release. They also process room moves and assist the offender in any type of adjustment issues.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? 2
- B. Do you currently have any staff shortages? No
- C. Do the parole officers accumulate comp-time? No
- D. Do the parole officers at this institution flex their time, work alternative schedules? Yes
- E. How do inmates gain access to meet with parole officers? Via institutional mail/offender correspondence or in-person meetings with Institutional Parole Office upon schedule appointments.
- F. Average caseload size per parole officer? 812
 - # of pre-parole hearing reports per month? 12 per officer
 - # of community placement reports per month? 5 per officer
 - # of investigation requests per month? 20 per officer
- G. Are there any services that you believe parole officers should be providing, but are not providing? No
- H. If so, what are the barriers that prevent officers from delivering these services? N/A
- I. What type of inmate programs/classes are the parole officers at this institution involved in? Time permitting, officers facilitate a Pre-Release Orientation Class for Probation and Parole, (usually quarterly) at the institution for GP and MSU offenders prior to release.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. N/A

16. Does your institution have saturation housing? Yes If so, how many beds? 16

17. Radio/Battery Needs:

a. What is the number of radios in working condition?

417 Operative/14 Inoperative

b. Do you have an adequate supply of batteries with a good life expectancy?

We have an adequate amount of batteries but the life expectancy is short. We continue to order new batteries as needed.

c. Are the conditioners/rechargers in good working order?

No, we have two 8 bank conditioners that have 4 unusable battery slots. We have ten 4 bank chargers that have battery plates/platforms in need of replacement.